

County: Milwaukee
WILLOWCREST CARE CENTER
3821 SOUTH CHICAGO AVENUE
SOUTH MILWAUKEE 53172

Phone: (414) 762-7336

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/01): 91

Total Licensed Bed Capacity (12/31/01): 91

Number of Residents on 12/31/01: 86

Facility ID: 9450

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Ownership:

Highest Level License:

Operate in Conjunction with CBRF? Yes

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 87

Corporation

Skilled

Yes

Yes

Yes

87

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		47.7
Supp. Home Care-Personal Care	No					1 - 4 Years		39.5
Supp. Home Care-Household Services	No	Developmental Disabilities	2.3	Under 65	3.5	More Than 4 Years		12.8
Day Services	No	Mental Illness (Org./Psy)	16.3	65 - 74	16.3			-----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	38.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	11.6		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	8.1	65 & Over	96.5	-----		
Transportation	No	Cerebrovascular	12.8		-----	RNs		8.4
Referral Service	No	Diabetes	7.0	Sex	%	LPNs		12.8
Other Services	Yes	Respiratory	2.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	38.4	Male	27.9	Aides, & Orderlies		
Mentally Ill	No		-----	Female	72.1			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)			
Int. Skilled Care	1	4.5	472	3	5.7	130	0	0.0	0	1	25.0	225	0	0.0	0	0	0.0	0	5	5.8
Skilled Care	21	95.5	341	47	88.7	111	3	100.0	139	3	75.0	210	1	100.0	111	3	100.0	310	78	90.7
Intermediate	---	---	---	3	5.7	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	22	100.0		53	100.0		3	100.0		4	100.0		1	100.0		3	100.0		86	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent			
Private Home/With Home Health	1.7	Bathing	1.2	54.7	44.2	86
Other Nursing Homes	0.0	Dressing	17.4	64.0	18.6	86
Acute Care Hospitals	93.2	Transferring	25.6	57.0	17.4	86
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	24.4	46.5	29.1	86
Rehabilitation Hospitals	0.0	Eating	68.6	24.4	7.0	86
Other Locations	5.1	*****				
Total Number of Admissions	292	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	8.1	Receiving Respiratory Care		9.3
Private Home/No Home Health	13.8	Occ/Freq. Incontinent of Bladder	65.1	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	33.1	Occ/Freq. Incontinent of Bowel	51.2	Receiving Suctioning		0.0
Other Nursing Homes	0.0			Receiving Ostomy Care		8.1
Acute Care Hospitals	22.4	Mobility		Receiving Tube Feeding		3.5
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	2.3	Receiving Mechanically Altered Diets		30.2
Rehabilitation Hospitals	0.0					
Other Locations	15.2	Skin Care		Other Resident Characteristics		
Deaths	15.5	With Pressure Sores	15.1	Have Advance Directives		79.1
Total Number of Discharges		With Rashes	1.2	Medications		
(Including Deaths)	290			Receiving Psychoactive Drugs		52.3

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group Ratio	Bed Size: 50-99 Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.6	77.1 1.24	86.3 1.11	82.7 1.16	84.6	1.13
Current Residents from In-County	95.3	82.7 1.15	89.4 1.07	85.3 1.12	77.0	1.24
Admissions from In-County, Still Residing	12.7	19.1 0.66	19.7 0.64	21.2 0.60	20.8	0.61
Admissions/Average Daily Census	335.6	173.2 1.94	180.6 1.86	148.4 2.26	128.9	2.60
Discharges/Average Daily Census	333.3	173.8 1.92	184.0 1.81	150.4 2.22	130.0	2.56
Discharges To Private Residence/Average Daily Census	156.3	71.5 2.19	80.3 1.95	58.0 2.70	52.8	2.96
Residents Receiving Skilled Care	96.5	92.8 1.04	95.1 1.01	91.7 1.05	85.3	1.13
Residents Aged 65 and Older	96.5	86.6 1.11	90.6 1.07	91.6 1.05	87.5	1.10
Title 19 (Medicaid) Funded Residents	61.6	71.1 0.87	51.8 1.19	64.4 0.96	68.7	0.90
Private Pay Funded Residents	4.7	13.9 0.34	32.8 0.14	23.8 0.20	22.0	0.21
Developmentally Disabled Residents	2.3	1.3 1.74	1.3 1.76	0.9 2.47	7.6	0.31
Mentally Ill Residents	16.3	32.5 0.50	32.1 0.51	32.2 0.51	33.8	0.48
General Medical Service Residents	38.4	20.2 1.90	22.8 1.68	23.2 1.66	19.4	1.98
Impaired ADL (Mean)	48.4	52.6 0.92	50.0 0.97	51.3 0.94	49.3	0.98
Psychological Problems	52.3	48.8 1.07	55.2 0.95	50.5 1.04	51.9	1.01
Nursing Care Required (Mean)	8.4	7.3 1.15	7.8 1.08	7.2 1.17	7.3	1.15